

**Opening Statement
Chairman Mark Souder**

**“Fighting Methamphetamine in America’s Heartland: Assessing
Federal, State, and Local Efforts”**

**Subcommittee on Criminal Justice, Drug Policy,
and Human Resources
Committee on Government Reform**

June 27, 2005

Good morning, and thank you all for coming. This hearing continues our Subcommittee’s work on the growing problem of methamphetamine trafficking and abuse – a problem that has ravaged communities across the entire country. I’d like to thank my three co-hosts, Representative Gil Gutknecht, Representative Mark Kennedy, and Representative Betty McCollum, for inviting me to the Twin Cities for this hearing. Each of them has been a strong advocate in the House for an effective, bipartisan anti-meth strategy. I’m looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

Meth is one of the most powerful and dangerous drugs available, and it is also one of the easiest to make. It is perhaps best described as a “perfect storm” – a cheap, easy-to-make and plentiful drug with devastating health and environmental consequences, consuming tremendous law enforcement and other public resources, that is extremely addictive and difficult to treat. If we fail to get control of it, meth will wreak havoc in our communities for generations to come.

This is actually the eighth hearing focusing on meth held by the Subcommittee since 2001, and the fifth field hearing. In places as diverse as Indiana, Arkansas, Hawaii and now Minnesota, I have heard gripping testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment, and working to educate young people about the risks of meth abuse.

At each hearing, then, we try to get a picture of the state of meth trafficking and abuse in the local area. Then, we ask three questions. First, where does the meth in the area come from, and how do we reduce the supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the federal government partner with state and local agencies to deal with this problem?

The meth abuse situation in Minnesota, as elsewhere, is deeply troubling. According to a study by the Hazelden Foundation last year, meth-related deaths, emergency room episodes, and law enforcement seizures of meth labs, all increased steadily from 2000 to 2003. Emergency

rooms in the Twin Cities saw the number of meth-related incidents more than double between 1995 and 2002. What used to be an almost exclusively rural problem in this state has now taken hold in the suburbs and urban areas.¹

The next question, that of meth supply, divides into two separate issues, because this drug comes from two major sources. The most significant source (in terms of the amount produced) comes from the so-called “superlabs,” which until recently were mainly located in California, but are now increasingly located in northern Mexico. By the end of the 1990’s these superlabs produced over 70 percent of the nation’s supply of meth, and today it is believed that 90 percent or more comes from Mexican superlabs. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called “mom-and-pop” or “clan” (i.e., clandestine) labs, have proliferated throughout the country, often in rural areas. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create (in the form of toxic chemical pollution and chemical fires) make them a serious problem for local communities, particularly the state and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many states have passed various forms of retail sales restrictions on pseudoephedrine products (like cold medicines). Some states limit the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies. Retail sales restrictions could have a major impact on the number of small labs.

However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico – which appears to be on the rise² – or better control of drug smuggling on our Southwest border, or both. The federal government – in particular the Departments of Justice, State, and Homeland Security – will have to take the lead if we are to get results.

The next major question is demand reduction – how do we get meth addicts to stop using, and how do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the state and local level, with assistance from the federal government, including drug court programs (which seek to get meth drug offenders into treatment programs in lieu of prison time); the Drug-Free Communities Support Program (which helps the work of community anti-drug coalitions to bring drug use prevention education to young people); and the President’s Access to Recovery treatment initiative (which seeks to broaden the number of treatment providers). But we should not minimize the task ahead: this is

¹ See *Methamphetamine Takes Hold in Metro Area Among New, Younger Users*, June 10, 2004, www.hazelden.org; *ER visits show upward trend in meth use*, Minnesota Public Radio website, June 14, 2004

² See *The Mexican Connection*, Steve Suo, *The Oregonian*, June 5, 2005

one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

The final question we need to address is how the federal government can best partner with state and local agencies to deal with meth and its consequences. Currently, the federal government does provide a number of grants and other assistance programs to state and local agencies – in addition to the programs I mentioned earlier, the Byrne Grants and COPS Meth Hot Spots programs help fund anti-meth law enforcement task forces; the DEA and other agencies assist state and local agencies with meth lab cleanup costs; and the Safe and Drug-Free Schools program and the National Youth Anti-Drug Media Campaign help schools and other organizations provide anti-meth education.

However, we will never have enough money, at any level of government, to do everything we might want to with respect to meth. That means that Congress, and state and local policymakers, need to make some tough choices about which activities and programs to fund, and at what level. We also need to strike the appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

The House and Senate are currently considering a number of different proposed bills concerning meth, and I am hopefully that we will be able to take strong, effective action before the end of the year. I recently introduced H.R. 1446, which would authorize new regulations of precursor chemicals and provide assistance to federal, state, and local law enforcement. My colleague Mr. Kennedy has also introduced H.R. 13, the CLEAN-UP Meth Act, which (among other things) provides funds to help states and localities find and clean up meth labs, including expanding assistance through the Community Oriented Policing Services (COPS) grant program.

We have an excellent group of witnesses today, who will help us make sense of these complicated issues. On our first panel, we are joined by Mr. Timothy Ogden, Associate Special Agent in Charge of the DEA's Chicago Field Division; Minnesota State Senator Julie Rosen, who has been a strong leader in the fight against meth here in the state; Sheriff Terese Amazi of Mower County and Sheriff Brad Gerhardt of Martin County; Lt. Todd Hoffman of the Wright County Sheriff's Office; and Ms. Susan Gaertner, the Ramsey County Attorney.

On our second panel, we are pleased to be joined by Commissioner Michael Campion of the Minnesota Department of Public Safety; Mr. Bob Bushman, a Senior Special Agent at the Minnesota Bureau of Criminal Apprehension, and President of both the Minnesota State Association of Narcotics Investigators, and the Minnesota Police and Peace Officers' Association; Mr. Dennis D. Miller, Drug Court Coordinator for the Hennepin County Department of Community Corrections; Ms. Kirsten Lindbloom, Coordinator of the Mower County Chemical Health Coalition; and Mr. Buzz Anderson, President of the Minnesota Retailers Association. We thank everyone for taking the time to join us today, and look forward to your testimony.